Name In Full

Certificete of Death

Mathie B. Bond

Died at Town: Alpha County: Howard MARYLAND

Dete 1899 Month: 12 Dey: 5

Age Y. 18 M. — D. 20

Native of: md

Occupation: Servant

~~Male~~ Female ~~White~~ Colored Married Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband of~~ ~~Wife~~

Father's Name: Edw. Bond

Mother's Name: Eliza - Davis - Bond

Ceuse of Death — Primery: Pulmonal Tuberculosis 22 f

Immediate: Septic infection

How long sick

~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley M D

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79238

Name In Full

Certificete of Deeth

Joseph N. Bowers

Town

County

Died at Leand Hospital for the Insane, Ly Ferrelle MARYLAND

Date 1899	Month 12th	Day 1st	Age Y. 60 M. D.	Native of Md	Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Margaret Bowers

Father's Name John Bowers

Mother's Name Ann Bowers

			How long sick
Cause of Death	Primary	Melancholia 46	2 months
	Immediate	Pulmonary Abcess	~~Accident, Suicide, Homicide~~

Reported by Dr. J. Clement Clark

Address Ly Ferrelle Md.

Must be signed by physicien, if eny in ettendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79208

Name in Full

Certificate of Death

Edew Hammond Davis

Died at Town: Alberton County: Howard MARYLAND

Date 189 9 Month: Dec Day: 15

Age Y. 35 M. 7 D. 23

Native of Carroll Co Md, Occupation Cotton Weaver

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Husband of Wife ~~~~ ~~~~ ~~~~ 28

Father's Name Plummer Watts Davis, Mother's Name Arey Ann Shipley

Cause of Death: Primary Diabetes Mellitis: Pneumonia How long sick 18 Months

Immediate Diabetic Coma, Convulsions Accident ~~Suicide~~ ~~Homicide~~

Reported by Dr. Wm. B. Gambrill,

Address Alberton, Howard Co., Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Laird

Mary Duvall

Certificate of Death

Died at Town Ellicott City — County Howard MARYLAND

Date 1899 Month Dec Day 27 | Age Y. 78 M. — D. — | Native of Md | Occupation Housekeeper

~~White~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | Widower | ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Bronchitis 70 — How long sick

Immediate: Old age — Accident, Suicide, Homicide

Reported by Dr B. J. Byrne

Address [redacted] Ellicott City —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76918

Name in Full

Certificate of Death

John Flannegan

Died at Town: Longwoods Manor County: Howard MARYLAND

Date 189 Month: December Day: 3 | Age Y. 43 M. D. | Native of maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of Christiana Flannegan

Father's Name Thos. Flannegan | Mother's Name

Cause of Death: Primary Diphtheria & Co — How long sick 11 days

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by Dr. Webb

Address West Friendship Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Elizabeth Gordon

Town

County

Died at Dayton Howard

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 Dec 7 | Age 63 | Md | Housewife

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living 11

Husband of David Gordon

Wife

Father's Name Samuel Wolf

Mother's Name Mary Wolf

Cause of Death: Primary Apoplexy 42 How long sick 2 hours

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by

Address Dayton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65058

Name In Full

Certificate of Death

Gray (Unnamed).

Died at Town: Elk Ridge — County: Howard — MARYLAND

Date 1899	Month: December	Day: 11	Age Y.: —	M.: —	D.: 1½	Native of: Maryland	Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number ~~of children living~~

Husband / Wife of: X

Father's Name: ?

Mother's Name: Viola Gray

Cause of Death — Primary: Premature (7½ mos. child) — How long sick:

Immediate: Inanition — 138 h — ~~Accident, Suicide, Homicide~~

Reported by: Wm R. Carrecker

Address: Elk Ridge, Md. [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PTB

Name in Full

Certificate of Death

Caroline Hawkins

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: 12 Day: 23 Age Y. 65 M. D. Native of Md Occupation Housekeeper

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband / Wife of Samuel Hawkins

Father's Name S. Nelson Mother's Name Cassie Nelson

Cause of Death: Primary Rheumatism 26 How long sick 7 days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by F. W. Lattimore M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Certificate of Death

John Lochmier Hickman

Died at Florence (Town) Howard (County) MARYLAND

Date 1899 Month: December Day: 31 | Age Y. 77 M. 00 D. 00 | Native of England | Occupation Carpenter

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living

Husband / ~~Wife~~ of Anna Hickman

Father's Name John Hickman | Mother's Name Ann Hickman

Cause of Death — Primary: — | How long sick 10 days

Immediate: Dysentery 102 | ~~Accident, Suicide, Homicide~~

Reported by R. O. D. Warfield, M.D.

Address Lisbon, [redacted] Howard Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79558

Name In Full

Thomas Jones

Certificate of Death

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: Dec Day: 26 | Age Y. 89 M. — D. — | Native of U S | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Widow~~ Single ~~Widower~~ Divorced | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name 141

Cause of Death: Primary

Immediate Exhaustion Old Age

How long sick

Accident, Suicide, Homicide

Reported by J. H. Hebb M.D.

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Orig

LIBRARY BUREAU, 79899

Attended by Dr. J W Hess

of Weld- Friendship Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Lloyd Warfield Linthicum. Certificate of Death

Died at Town Glenelg County Howard MARYLAND

Date 1899 Month Dec Day 31 Age Y. 82 M. 5 D. 28 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living, Four 5-

Husband ~~Wife~~ of Mary E.

Father's Name Lot Mother's Name

Cause of Death: Primary Bronchitis ~~72~~ 69 How long sick 18 Days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Dr. Chas. Gilbert

Address Glenelg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75883

Name in Full

Charles Oberland

Certificate of Death

Died at Town: Scaggsville County: Howard MARYLAND

Date 1899 Month: Dec. Day: 23

Age Y. 38 M. D.

Native of: Germany

Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living: 3

Husband of

Wife

Father's Name: Jacob Oberland

Mother's Maiden Name

Cause of Death: Primary: Pneumonia - 72

Immediate: Asphyxia

How long sick: 13 days

Accident, Suicide, Homicide

Reported by: W. W. L. Wisner

Address: Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79588

Name in Full

Certificate of Death

Elizabeth R. Penny

Town: Guilford

County: Howard

Died at: MARYLAND

Date 1899 — Month: 12 — Day: 13 — Age: Y. 74. M. 2. D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 4

Husband / Wife of: Henry A. Penny

Father's Name: Daniel Clark

Mother's Name: Mary A. Clark

Cause of Death — Primary: Congestion of Lungs 74 — How long sick: 7 or 8 days

Immediate: Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. M. Linthicum M.D.

Address: Savage Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Lottie E. Ridgely

Certificate of Death

Died at Town Woodstock County Howard Co MARYLAND

Date 189 9 Month 12 Day 5

Age Y. 5 M. 1 D. 17

Native of Md

~~Occupation~~

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband of~~ Wife

7

Father's Name Charles W. Ridgely

Mother's Name Mary E. Lazenby Ridgely

Cause of Death — Primary: Whooping Cough & Pneumonia — How long sick: 11 days

Death — Immediate: Pulmonary Oedema — ~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M D

Address Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79788

Name in Full Fanny W Smith — Certificate of Death

Died at Town Cookesville County Howard MARYLAND

Date 1899 Month Nov Day 18 | Age Y. 28 M. — D. — | Native of Md | Occupation House wife

~~Male~~ Female | ~~White~~ Colored | Married | Widow | Divorced

~~Single~~ | Widower | Number of children living 4

~~Husband~~ Wife of Joseph H Smith

Father's Name Henry Wilson | Mother's Name Martha Wilson

Cause of Death: Primary 7.2 | How long sick 3 weeks

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Isiah Somers

Address Cookesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J W Lacey

of Cooksville Md

Seen by Coroner

of

Information contained in this certificate received

from

of

Uncer

Name in Full Louisa Snowden

Certificate of Death

Died at Town Lisbon County Howard MARYLAND

Date 189 Month 12 Day 24 | Age Y. 30 M. about D. | Native of Co Howard | Occupation

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Geo. W. Snowden

Mother's Name Tiler Blackston

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by B. V. Bowman

Address Poplar Sta

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. R. O. D. Mansfield

of Lisbon

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Anthony Sleaver

Certificate of Death

Town

County Howard

MARYLAND

Died at

Date 19 1877 Nov. 9 | Month Day | Age Y. 81 M. D. | Native of | Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name 141

Cause of Death: Primary — General debility

Immediate

How long sick

Accident, Suicide, Homicide

Reported by M. D. C. L. Council

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78838